

NAME: Aged and Disabled Waiver Case Management Monthly Contact Form (Policy Section 501.11.3)

PURPOSE: To ensure services are being provided and to identify any potential issues. Monthly telephone contact must be documented on the Case Management Monthly Contact Form and include detailed information on the status of the member. If a member (or legal representative) cannot be reached by telephone for the monthly contact, a home visit **must** be made.

1. At the top of the form document the following:
 - The member's full name;
 - Medicaid Number;
 - Note if the contact is Face to Face or a Telephone contact.
2. Enter the full name of the person the Case Manager spoke to; this must be the member or if legal representative must be active and document the relationship to the member; ie, daughter/MPOA. The reason the CM is not speaking with the member needs to be documented under the "comments" section.
3. Answer each question by marking the **"Yes"** or **"No"** Box and document ***any comments*** regarding the question in the comment section following each question.
4. Note any additional comments in the Comment section at the bottom of the form.
5. The Case Manager **must** sign, date, and note the time certifying that the information is complete and accurate.